

controlled trial. In addition, she wrote, the small number of cases in the study makes the findings statistically shaky. "I just don't put any faith in the results," she said

Scott Gottlieb *New York*

## Funding formula based on health needs planned for Wales

Radical changes in the way that NHS resources are allocated are being planned for Wales. Proposals for a new formula that would allocate money to different areas according to the health needs of the population have been presented to the National Assembly's Health and Social Services Committee.

The formula would be based on the Welsh health survey, which gives detailed information about the health of a substantial representative sample of the population of Wales.

Professor Peter Townsend, chairman of the national steering group, which prepared the report, said that changes are needed to reverse growing inequalities in health.

The UK government signed up to the World Health Organization programme of 'Health for All' in 1985 to reduce inequalities in health by the year 2000. Instead, inequalities have grown. Roger Dobson *Abergavenny*

## Doctor testifies to China's reuse of prisoners' organs

A Chinese doctor described to a US government subcommittee last month how, when he had lived in the People's Republic of China, he had removed body parts from executed prisoners to provide material for transplantation to wealthy patients.

Dr Wang Guoqi, a 38 year old doctor with advanced degrees in surgery and human tissue studies, was a former specialist in the burns victims unit at the Paramilitary Police Tianjin General Brigade Hospital in Tianjin. He testified to the US

subcommittee on International Relations and Human Rights at a hearing last month.

The committee's chairman, Republican representative Ileana Ros-Lehtinen of Miami, said that Dr Guoqi's testimony showed that China had "found a lucrative industry in the field of organ transplantation, which not only yields great financial rewards, but provides the regime with a powerful tool to coerce and intimidate the population into submission."

Dr Guoqi told the committee: "My work required me to remove skin and corneas from the corpses of over 100 executed prisoners, and on a couple of occasions, victims of intentionally botched executions. It is with deep regret and remorse for my actions that I stand here today testifying against the practices of organ and tissue sales from death row prisoners."

Fred Charatan *Florida*

## US researchers guilty of breaking safety rules

The US Food and Drug Administration (FDA) has found researchers from Johns Hopkins University guilty of violating safety procedures in an asthma study that resulted in the death of a healthy volunteer.

The FDA's investigation was launched last month after Ellen Roche, a previously healthy 24 year old, died while participating in the experiment (*BMJ* 2001;322:1565). The federally financed study was designed to induce asthmatic reactions in people without asthma in order to study the possible protective physiological mechanisms of deep breathing on normal lungs.

The researchers asked volunteers to inhale a known bronchoconstrictor, methacholine, before and after deep breathing. In a second phase of the experiment a subset of volunteers, including Ms Roche, was instructed to inhale hexamethonium, a ganglion blocker that would disable the protective effect of deep inhalations. Ms Roche became ill during this phase of the experiment.

Deborah Josefson *San Francisco*

BMA annual representative meeting

## BMA remains concerned about GMC structure

Linda Beecham *BMJ*

The BMA has called for an "independent body" to investigate and recommend a structure for a reformed General Medical Council if the current negotiations between the council and the profession's representatives fail to result in a satisfactory conclusion.

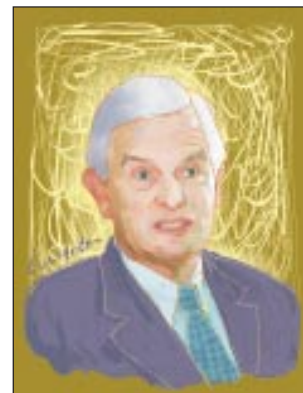
The BMA's annual meeting in Bournemouth last week passed the motion as a reference after the chairman of the council, Dr Ian Bogle, reported that further talks were due to take place this month. The BMA's council will discuss any new proposals on 18 July, and the GMC will hold a special meeting to finalise the proposals.

The meeting agreed that the GMC should remain a professionally led organisation but stopped short of calling for the immediate resignation of the president, Sir Donald Irvine, who has already announced that he will retire early next year (2 June, p 1323).

An amendment for the president's resignation to have immediate effect was thrown out. Dr Roger Chapman, a GP in Leighton Buzzard, called the proposal "ill conceived, divisive, and damaging." And a GP in Birmingham and a GMC member, Dr Fay Wilson, said that it was "petty and spiteful." The heated debate ended when representatives voted to move to next business.

Many doctors are unhappy about the GMC's proposed changes to its structure. The GMC wants to see the current council of about 100 members replaced by a two tier structure, consisting of a small executive body of about 25 people (40% lay and 60% medical), holding the council's statutory powers, and a larger conference, which would hold the executive to account. The BMA would prefer to see an executive of about 50 members, with the council's statutory powers invested in a larger council.

Proposing the idea of an independent body to recommend a new structure for the organisation, Dr Edwin Borman, a GMC member, said that many of his colleagues had no confidence in



Donald Irvine

the GMC's ability to reform itself. "We are seeing the biggest crisis since the 1970s," he said.

The proposed 25 strong executive would be responsible for setting policy and determining the direction of medical regulation. It would, Dr Borman said, be impossible to service all the committees with a majority of elected medical members.

Alexander Macara, a former chairman of the BMA council and also a GMC member, called the GMC's response to the government's intention to take action on the GMC as "craven." It had come up with something that the government was likely to accept—that is, a much smaller organisation which would be less representative and easier to control. "I'm unhappy," Dr Macara said, "that we have been driven to finding some sort of compromise. A compromise compromises us."

Dr Peter Terry, a consultant obstetrician and gynaecologist in Aberdeen, who had proposed the motion of no confidence in the GMC at the 2000 meeting (*BMJ* 2000;321:69), opposed the motion that the GMC should remain a professionally led organisation.

The "arrogant and incompetent GMC" was said to be professionally led yet it ignored the united view of the profession. "This is not leadership; it is dictatorship," he said. The motion, that the GMC should remain professionally led, was nevertheless passed. □